

OFFICE OF CENTRAL INSPECTION RESIDENTIAL PERMIT APPLICATION

LOCATION: _____ ZIP: _____ TAX KEY NO.: _____
 NEW ADDRESS: YES ____ NO ____ CONTRACTOR: _____ LICENSE NO.: _____
 OWNER: _____ ADDRESS: _____
 PHONE: _____ CITY: _____ STATE: _____ ZIP: _____ HISTORIC DISTRICT: ____ NO ____ YES
 HISTORIC STRUCTURE: YES ____ NO ____ CERTIFICATE OF APPROPRIATENESS: _____ C.U.P. DP- _____ PARCEL(S) _____
 BZA: _____ OTHER (Cov/DR): _____

DESCRIPTION OF WORK: _____

LEGAL DESCRIPTION

LOT(S): _____ BLK: _____ ADDITION: _____

METES & BOUNDS: YES ____ NO ____ MAP NO.: _____ ZONING: _____ LOT SPLIT: L/S- _____

TYPE OF IMPROVEMENT	FOUNDATION	COVERING — ROOF	OCCUPANCY & USE
1. ____ NEW BUILDING	1. ____ CONCRETE	1. ____ WOOD	1. DWELLING, WOOD: _____ sqft
2. ____ ADDITION	2. ____ CONCRETE/ BLOCK	2. ____ COMPOSITION	2. DWELLING, MASONRY: _____ sqft
3. ____ REMODEL	3. ____ WOOD	3. ____ METAL	3. HVAC (add #4 to 1 or 2) _____ sqft
4. ____ REPAIR,	4. ____ OTHER	4. ____ CONCRETE	4. BASEMENT, FINISHED: _____ sqft
REPLACEMENT		5. ____ BUILT-UP	5. BASEMENT, UNFINISHED: _____ sqft
5. ____ WRECKING		6. ____ OTHER	6. GAR/WD: _____ sqft 7. GAR/MAS: _____ sqft
6. ____ ROOFING & SIDING	STRUCTURE-FRAME		8. PORCH: _____ sqft 9. CARPORT: _____ sqft
7. ____ SWIMMING POOL	1. ____ MASONRY	EXTERIOR WALLS	10. PAT/COV: _____ sqft 11. BRZWY: _____ sqft
8. ____ SOLAR HEATING	2. ____ STEEL	1. ____ WOOD	12. ACC. STR: _____ sqft
9. ____ MOVE-IN	3. ____ CONCRETE	2. ____ MASONRY	13. FIREPLACE, MASONRY: _____ #
10. ____ PREFAB	4. ____ WOOD	3. ____ METAL	14. FIREPLACE, ZERO-CLEARANCE: _____ #
	5. ____ OTHER	4. ____ COMPOSITION	ROOFING
PROPOSED USE		5. ____ ASBESTOS	15. WOOD SHINGLES: _____ squares
1. ____ ONE-FAMILY	ROOF	6. ____ VINYL	16. SHAKES: _____ squares
2. ____ TWO-FAMILY	1. ____ WOOD	7. ____ OTHER	17. COMPOSITION: _____ squares
3. ____ GARAGE DETACHED	2. ____ METAL		SIDING
4. ____ CARPORT DETACHED	3. ____ CONCRETE	INTERIOR WALLS	18. VINYL, STEEL, ALUMINUM: _____ squares
5. ____ STORAGE SHED	4. ____ OTHER	1. ____ DRY-WALL	19. MASONITE, WOOD: _____ squares
6. ____ OTHER (SPECIFY)		2. ____ PLASTER	
	FLOOR	3. ____ MASONRY	GENERAL INFO
	1. ____ WOOD	4. ____ OTHER	Height: _____ Stories: _____ Bedrooms: _____
	2. ____ CONCRETE		Bathrooms: _____ Basement sqft: _____
	3. ____ OTHER		1st Floor sqft: _____ 2nd Floor sqft: _____
LOCAL FLOOD PLAIN: ____ NO ____ YES ELEVATION: _____			OTHER PERMITS REQ'D
FEDERAL FLOOD PLAIN: ____ NO ____ YES ELEVATION: _____			____ Plumbing
			____ Electrical
			____ Mechanical
All provisions of laws and ordinances governing this type of work will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other Federal, State or Local Law regulating construction or the performance of construction.			CONSTRUCTION METER (E/S)
			____ YES ____ NO
			VALUATION: _____

APPLICANT
 SIGNATURE: _____ ADDRESS: _____
 (IMPORTANT: Complete ALL items, Mark Boxes Where applicable)